carefully revised by the Committee who drew it up, assisted by some other members of the Society. A section *on Treatment*, with some modifications in the arrangement, has been introduced, and greater precision of expression has been aimed at; but the original character of the work, and, as far as was consistent with the additions, the same numbering of the paragraphs have been preserved."

CLINICAL LECTURE.

Clinical Lecture on Deep-seated Whitlow. By John Hamilton, Surgeon to Richmond Hospital.—It is not often that we have an opportunity of ascertaining the pathology of deep-seated whitlow; I am therefore glad to be able to exhibit to you this finger, which I removed from the hand of John Phelan, No. 5 Ward.

Let me first read to you his case, as taken by Mr. Tyrrel.

John Phelan, æt. 40, a painter, was admitted into the Richmond Hospital, with mortification of the two last joints of the middle finger of the right hand, which were black, cold, and shrivelled, the consequence of deep seated whitlow. The first phalanx, the neighbouring portion of the palm of the hand, and the back of the hand, particularly round the knuckles, were swollen and red, and there were three discharging openings, one on the front of the first phalanx, the second in the palm, and the third on the back of the hand, which had been made to let out the matter.

Ten days before he had a scratch on the back of the middle finger, and while immersing his hand in some size felt uncommon smarting in it; the next morning at four o'clock he was seized with a severe shiver and intense pain in the finger, which became swollen, with red lines remaining on the back of the hand from it. On the third day the top of the finger was quite black, and on the next day the blackness had extended to the base of the second phalanx.

On the fifth day, Mr. Hamilton saw him in consultation with Dr. M'Sweeny, and it was thought best to make a deep incision in the front of the first phalanx, which was very painful, red, and swollen; a quantity of matter gushed out with great relief, and he slept that night. It was necessary two days after to make the incision in the palm, and again that in the dorsum of the hand. These gave effectual relief to the pain, and the local inflammation became so much diminished, that Mr. Hamilton thought it fit to remove the finger at the metacarpal articulation. Everything went on favourably, and he left the hospital 9th of December, the wound granulating and contracting rapidly, and his general health much improved.

The removed finger was carefully examined. The two last joints were black and shrivelled, and a faint line of separation was commenc-